

Civil Action No. 4:10-CV-781

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* The United States of America  
 was received by me on *(date)* April 19, 2010.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_; or

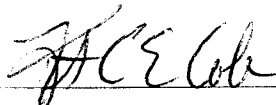
☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: I served the Summons and Complaint via certified mail/return receipt  
 requested on April 20, 2010 on the U.S. Attorney General, the U.S.  
 Attorney for the Middle District of Pennsylvania, and USP Allenwood.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: May 4, 2010



*Server's signature*

Kristina C.E. Cole, Esquire  
 Attorney for Plaintiff

*Printed name and title*

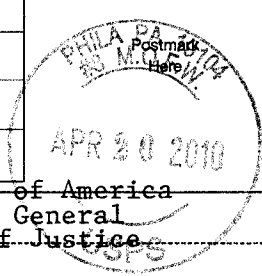
Dechert LLP  
 Cira Centre  
 2929 Arch Street  
 Philadelphia, PA 19104

*Server's address*

Additional information regarding attempted service, etc:

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$ .78	
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.88	

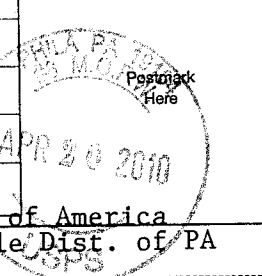
Sent To The United States of America  
c/o U.S. Attorney General  
U.S. Department of Justice  
Room B-103  
950 Pennsylvania Ave., N.W.  
Washington, DC 20530-0001

PS Form 3800, May 2000

See Reverse for Instructions

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
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Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.88	

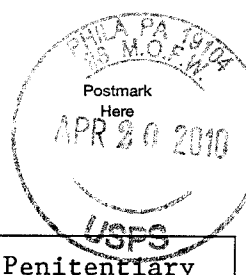
Sent To The United States of America  
U.S. Atty for Middle Dist. of PA  
Civil Process Clerk  
235 N. Washington Ave., Suite 311  
Scranton, PA 18503

PS Form 3800, May 2000

See Reverse for Instructions

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$ .78	
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.88	

Sent To Warden  
USP Allenwood, U.S. Penitentiary  
P.O. Box 2500  
White Deer, PA 17887

PS Form 3800, May 2000

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>X</b></p>	
		B. Received by (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p>The United States of America c/o U.S. Attorney General U.S. Department of Justice Room B-103 950 Pennsylvania Ave., N.W. Washington, DC 20530-0001</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>[Signature]</i></p> <p>APR 26 2010</p>	
<p>2. Article Number (Transfer from service label) 7000 1530 0005 074</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
PS Form 3811, February 2004		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>X</b></p>	
		B. Received by (Printed Name)	C. Date of
<p>1. Article Addressed to:</p> <p>The United States of America c/o The U.S. Attorney for the Middle District of PA Civil Process Clerk William J. Nealon Federal Bldg. and Courthouse 235 N. Washington Ave., Suite 311 Scranton, PA 18503</p>		<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>[Signature]</i></p> <p>P.O. Box 309</p> <p>APR 26 2010</p>	
<p>2. Article Number (Transfer from service label) 7000 1530 0005 0748 9</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
PS Form 3811, February 2004		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>X</b></p>	
		B. Received by (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p>Warden USP Allenwood U.S. Penitentiary P.O. Box 3500 White Deer, PA 17887</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>[Signature]</i></p> <p>4/23/10</p>	
<p>2. Article Number (Transfer from service label) 7000 1530 0005 0748 9591</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
PS Form 3811, February 2004		Domestic Return Receipt	